

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**APPLICATION AND FEE TRANSMITTAL FORM**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of:

Inventor: Michael J. Iskra

For: **COLLECTION CONTAINER ASSEMBLY**

Enclosed are:

- [X] 11 pages of specification
- [X] 1 page of Abstract
- [X] 4 pages of claims
- [X] 3 sheets of drawing [X] formal [ ] informal
- [X] 2 sheets of executed Declaration and Power of Attorney
- [X] 2 sheets of executed Assignment
- [X] 1 sheet of Recordation Form Cover Sheet (PTO-1595)

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**EXPRESS MAIL CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this APPLICATION AND FEE TRANSMITTAL and the documents and fees referred to as enclosed therein are being deposited with the United States Postal Service on this date September 12, 1997 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EM397666353USUS addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Rolando Melendez

(Typed or printed name of person mailing paper(s) or fee)

*Rolando Melendez*  
(Signature of person mailing paper(s) or fee)

jc519 U.S. PTO  
09/12/97

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CALCULATION OF APPLICATION FEE

| For   | Number Filed |       | Number Extra |   | Rate    | Basic Fee |
|---|--------------|-------|--------------|---|---------|-----------|
|   |              |       |              |   |         | \$770.00  |
| Total<br>Claims*  | 18           | -20 = | 0            | x | \$22.00 | \$0.00    |
| Independent<br>Claims   | 3            | -3 =  | 0            | x | \$80.00 | \$0.00    |
| Multiple <input type="checkbox"/> Yes Additional Fee \$260.00             |              |       |              |   |         |           |
| Dependent<br>Claims <input checked="" type="checkbox"/> No Additional Fee |              |       |              |   |         |           |
| Total Filing Fee:   |              |       |              |   |         | \$770.00  |

\*Includes all independent claims and all claims referred to in multiple dependent claims.  
See 37 C.F.R. §1.75(c).

- [X] Please charge Deposit Account No. 02-1666 in the amount of \$770.00 for the filing fee. Triplicate copies of this sheet are enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 02-1666. Triplicate copies of this sheet are enclosed.

Respectfully submitted,

Dated: September 12, 1997

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